

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035233
STATE FILE NUMBER

FILED SEP 22 1958 Registration District No. 352 Primary Registration District No. 6190 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY TANEY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY TANEY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BRANSON		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN BRANSON ¹⁰⁶⁰
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION home rural		Length of stay in 1b 4 YEARS	d. STREET ADDRESS (If outside, give location) rural BRANSON
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Lula Middle Estelle Last Falkner			4. DATE OF DEATH Month Sept Day 14 Year 1958		
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5. SEX Female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH DEC. 28, 1877	9. AGE (In years last birthday) 80	10. FUNDER 1 YEAR Months 8 Days 16	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired housewife	10b. KIND OF BUSINESS OR INDUSTRY housekeeping	11. BIRTHPLACE (City and state or country) Illinois	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Erastus Sweekard	13b. MOTHER'S MAIDEN NAME ELLA Bohes	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT Lattie Quillman Address BRANSON MO
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY Embolism		INTERVAL BETWEEN ONSET AND DEATH 3 WEEKS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) CANCER STOMACH	1 month
	DUE TO (b) CHRONIC NEPHRITIS	1 yr
	DUE TO (c) SEXILITY	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 151X		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION 	COUNTY 	STATE
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21. I attended the deceased from 1944 to 1958 and last saw her alive on SEPT 14, 1958 Death occurred at 7:45 PM on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE Paul Roberts (Degree or title) DO	22b. ADDRESS Branson MO	22c. DATE SIGNED 9/14/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 9-17-58	23c. NAME OF CEMETERY OR CREMATORY Ozark Mem. Cemetery	23d. LOCATION (City, town, or country) (State) Branson, MO
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24. FUNERAL DIRECTOR Walter F. Chapel ADDRESS Branson, MO	25. DATE RECD. BY LOCAL REG. 9-19-58	26. REGISTRAR'S SIGNATURE Heleu Campbell
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Walter L. Cook*

Licensed Embalmer No. *4731*.....

P. O. Address *Amesbury, MA*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.